'MEETING OF THE MINDS'

Technical Consultation of Midwifery Leaders

Workshop Report

4 – 7 February 2001

The Hague, The Netherlands

Sponsored by:
International Confederation of Midwives
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"The International Confederation of Midwives (ICM) will advance worldwide the aims and aspirations of midwives in the attainment of improved outcomes for women in their childbearing years, their newborn and their families wherever they reside"

- *Mission statement for the International Confederation of Midwives*

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The Maternal and Neonatal Health (MNH) Program strives to increase access to, demand for and use of appropriate maternal and neonatal healthcare. Our guiding principles are empowerment of women, participation, collaboration and equity.

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ABBREVIATIONS

ACNM	American College of Nurse-Midwives
BEOC	Basic Essential Obstetric Care
CMA	Cambodian Midwives Association
CME	Continuing Medical Education
FIGO	International Federation of Gynaecology and Obstetrics
GAG	Global Advisory Group for Nursing and Midwifery
IAG	Inter-Agency Group on Safe Motherhood
ICM	International Confederation of Midwives
ICN	International Council of Nurses
ILO	International Labour Organization
MMR	Maternal Mortality Rates
PP	POLICY Project
PSI	Professional Services International
USAID	United States Agency of International Development
WHA	World Health Assembly
WHO	World Health Organization
WHO/SEARO	World Health Organization/South East Asia Regional Office

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WORKSHOP SUMMARY

The 'Meeting of the Minds,' a Technical Consultation of Midwifery Leaders, took place in The Hague, the Netherlands from 4-7 February 2001. The International Confederation of Midwives (ICM) in collaboration with the JHPIEGO/Maternal and Neonatal Health (MNH) Program sponsored the meeting.

The 'Meeting of the Minds' arose from the awareness that many women giving birth around the world suffer from either a complete absence of skilled care during pregnancy, labour and birth, or from inadequate or inappropriate care. It is universally acknowledged that midwives are the key providers and experts in normal childbirth. Yet, in many places there are not enough midwives, they are not recognised for their skills and achievements, and there are not enough strong leaders.

The meeting therefore focused primarily on determining the issues, identified by international midwifery leaders, which must be addressed to strengthen the profession of midwifery with the ultimate goal of healthy women and healthy families. Plans of action to address the priority issues were developed. Additionally, the participants identified ways to 'raise the profile' of midwifery worldwide.

The midwifery leaders in attendance included clinicians, educators, policy-makers and researchers. A number of internationally recognised obstetrician/gynaecologists also joined the group. In attendance were representatives from all regions and over 20 countries. Participant organisations included the World Health Organisation (WHO), WHO/South East Asia Regional Office (SEARO), the International Federation of Gynaecology and Obstetrics (FIGO), the International Council of Nurses (ICN), the United States Agency for International Development (USAID), specialised training and education institutions, ICM member organisations and other organisations working in the field of maternal and child health such as the POLICY Project, managed by The Futures Group International, and the SARA Project, managed by the Academy of Educational Development.

The meeting was designed to be interactive and to pull its strength from the expertise and experience of the participants. Tools such as the nominal group process assisted in this effort. In order to address the international leadership role of midwifery and raise the profile of midwifery, it was deemed important that the participants themselves first identify the strengths of the midwifery profession in contributing to the health of women, babies and families. Then, with these strengths in the background, they identified the six priority issues that midwives need to focus on in order to 'raise the profile' of midwifery (increase visibility, use of midwifery services, availability of midwives, resources, etc.).

The six priority issues the group identified, using the nominal group process were:

1) Creation and furtherance of partnerships, collaboration, and networking between midwifery and other health professions, international groups and women's organisations
2) Inclusion of midwives in policy-making groups on all levels
3) Promotion of the midwifery philosophy of care
4) Advancing the status of the midwifery profession
5) Expansion of the availability of evidence-based practice information for midwives
6) Development of human resources in midwifery: enhancing the quality, quantity and deployment of midwives in the workforce

Following the identification and discussion of these issues, small groups drafted and developed

'Plans of Action' for each issue.

Under the first priority issue, the action plan included such items as working with the International Labour Organisation (ILO) to refine the definition of persons providing midwifery skills; focused on increasing the networks and collaboration with women's groups, e.g. the World Alliance of Breastfeeding Action and La Leche League; and addressed the continuation and strengthening of ICM and FIGO collaboration, including work with ICN and WHO on Violence Against Women.

Under the second priority issue**,** items found in the action plan included the identification and use of leadership and advocacy development materials and programs for both individual midwives and associations. Mentoring programmes were suggested and participants of the meeting volunteered to be mentors. Additionally, ICM should facilitate university links and initiate action regarding the issue of Regulatory Equivalency for the various levels of midwifery education.

The actions for the third priority issue focused on additional collaboration with the media to increase the visibility of midwives' contribution to improve maternal and infant health (Safe Motherhood). Additionally, it was agreed that midwives should advocate for the promotion of high quality midwifery care through standard setting and the field testing/finalisation of the ICM Provisional Essential Midwifery Core Competencies.

Under the fourth priority issue**,** a number of participants agreed to join ICM staff to work on the regulatory status of midwives and midwifery. It was also agreed that there should be an identification of areas where midwives can be more proactive in improving and advocating for better standards of the midwifery profession.

The action plan for the fifth priority issue included hosting an International Educators Conference, setting research priorities and generating further development and support for the Francophone Research Network.

Human resource development was the focus of the sixth priority issue and action plans included: the development of a global survey of providers of midwifery care database; advocacy for midwifery-friendly and secure working conditions for midwives; support for the WHO resolution 54.12, Strengthening Nursing and Midwifery regarding the shortage of nurses and midwives; and sharing lessons learned and the exploration of collaboration with WHO/Human Resources Development.

Further discussion followed in the large group, the results of which were used to augment the action plans.

During the meeting, there were also sessions on:

- Midwives: What do they have to offer?
- Sharing information: The Inter-Agency Group on Safe Motherhood (IAG) and their 'Skilled Care at Birth' focus and activities
- Midwifery of the future - obstetricians presented *External Perspectives* with responses by midwives who provided the *Internal Perspectives*
- Policy-making and advocacy tools and how midwives can use them
- What policy-makers are looking for and what influences them?

In order to carry out the Plan of Action and meet the identified strategic objectives set at the 'Meeting of the Minds,' commitments of specific actions were obtained from the great majority of the participants in the wrap-up session, 'Moving the Agenda Forward.'

I. INTRODUCTION

The initial concept for the 'Meeting of the Minds' arose during a discussion on a bench outside the WHO building in Geneva, Switzerland. Petra ten Hoope Bender and the representatives of the JHPIEGO/Maternal and Neonatal Health (MNH) Program, Barbara Kinzie and Deborah Armbruster, identified a broad area of overlap in the current thinking of the organisations, including a common goal to increase access for women to appropriate reproductive health care. There was also a recognition that midwives needed to be more involved in leadership and policy-making in order to have a more profound and long-lasting effect on the health of women and families. But how could these organisations work together to address these common goals? And how could they ensure that they were truly addressing the needs of midwives around the world?

Creating a forum to listen to and speak with midwifery leaders from around the world would allow ICM, as well as the MNH Program, to better understand what midwives want, what is impeding their ability to function and what would improve the quality of the care they provide. This input could guide ICM, as well as the MNH Program, in its work to improve the health of women and families. The idea of a technical consultation of midwifery leaders, the 'Meeting of the Minds' was born.

II. PURPOSE AND OBJECTIVES

Overall purpose

The overall purpose of the meeting was to assist the ICM in strengthening the leadership role of midwives to improve the quality of midwifery care and ensure skilled care at birth to reduce maternal and perinatal morbidity and mortality. The meeting focused on addressing issues identified as priority by international midwifery leaders, including but not limited to, policies, standards and collaboration with other health professionals and organisations. The need to raise the profile of midwifery worldwide in supporting women's access to and control of appropriate health care for themselves and their family, thereby securing their universal right to health, was also addressed.

Objectives

By the end of the Technical Consultation for Midwifery Leaders, the participants were expected to:

1. Identify ways in which ICM can strengthen the international leadership role of midwives to further the international initiative to increase 'Skilled Care at Birth.'

2. Determine the additional leadership roles midwives and their organisations at both national and international levels can assume in addressing priority issues identified by the midwifery leaders to better assist midwives to provide quality care to women and infants. These can include, but are not limited to:
   a. Policies and standards that are related to or affect midwifery, and
   b. Ways to strengthen current collaboration with other health professionals.

Sr. Anne Thompson summarizing the results from her working group.

3. Identify ways to raise the profile of midwifery worldwide.

III. SUMMARY OF APPROACH AND METHODOLOGY USED IN THE WORKSHOP

- Identify the strengths of midwives and midwifery
- Nominal group technique to elicit the priority issues for midwifery
- Develop strategies and action plans to:
  - Increase the role of midwives in Safe Motherhood/skilled care at birth initiatives
  - Address the priority issues
  - Raise the profile of midwifery
- 'Moving the agenda forward' - a summary of themes emerging from the action plans and discussion, addressing the priority issues and identifying commitments to action from individuals and organisations.

IV. BRIEF SUMMARIES OF SESSIONS

Keynote address: Midwives – what do we have to offer?
Speaker: Anne Thompson

Midwifery, an ancient profession, needs to address the very modern notion of 'corporate genetics.' What is it that is handed down in the heredity and heritage of midwifery? In genetic terms, midwives are now developing the 'zygote' that will give life to the midwifery of tomorrow. Midwives are essentially forward-looking practitioners – but they sometimes forget it! Their work, which invests in the health of women and babies for the future, and their heritage, which carries a weight of centuries of history, creates these two opposing forces and between them is tension.

The participants were asked to write a word or short phrase on a 'star' that summed up for them a particular attribute that midwives offered. The results were summarised in three categories: competence and technical expertise, advocacy, and value for the money. Some of the attributes included in the categories were: advocating, compassionate, competent, continuing, culture-based, educational, empowering, high-quality, home-based, humble, intuitive, life-saving, loving, motivated, polite, professional, respectful, responsive, safe, skilful, understanding, woman-centred and value-for-money. The participants were called upon to use these attributes in the deliberations of the coming days as they would to support 'grassroots' practitioners with visionary leadership.

Building blocks – The strengths and assets that midwifery brings to the cause of improved maternal and infant health
Facilitator: Deborah Armbruster

The strengths and assets of the midwifery professions were put on building blocks which were then assembled into a building, showing the various old and new functions and challenging combinations of: accessibility, affordability, advocacy, a relevant body of knowledge, evidence-based practice, teamwork, liaison with other professions, links between community and hospital, 'timelessness' and a vision of healthy families. These building blocks must be used to strengthen the leadership and advocacy roles of midwives.

Brainstorming - How can midwives and ICM use the building blocks to strengthen the leadership and advocacy role of midwives?
Facilitator: Judi Brown

Dr. Duangvadee Sungkhobol, and Maggie Usher admiring the building blocks.

This session was primarily focused on comments and suggestions from the guest participants that addressed the above-mentioned question. The International Council of Nurses (ICN) representative, Fadwa Affara spoke of the nurses' reputation as long being implementers and not initiators and the ICN's attempt to address this issue with its 'Leadership for change' initiative. It was pointed out that midwives and nurses are capable of finding common ground internationally and this issue can be the basis for collaboration. The International Federation of Gynaecology and Obstetrics (FIGO), represented by Professor Arulkumaran, shared experiences of their organisation's 'Save the Mothers' project, including physicians' experiences with basic essential obstetric care (BEOC) which occurred outside the hospital and in the clinic. The physicians found that midwives, sometimes with extra training, could easily perform BEOC. Dr. Arulkumaran suggested that midwives might also benefit from taking on additional responsibilities, such as registration of births, which would increase their status in communities. Naeema Al-Gasseer, representative of the World Health Organization (WHO), stated that recognised evidence is also a building block and a unifying language. WHO promotes collaborating working relationships and alliances among the health professions and therefore she encouraged midwives to participate in the dialogue. The Commonwealth Steering Committee for Nursing and Midwifery representative, Professor A. Maslin, encouraged midwives to be clear in their messages; be helpful; fit into high profile relevant and public issues; and be rational and evidence-based. To be effective, midwives must articulate how they can help policy-makers achieve key goals and address this when they meet with Ministers and those in decision-making positions.

Priority setting
Facilitator: Joyce Thompson

The nominal group technique was used to elicit everybody's ideas on the most urgent priority for midwives and for ICM globally. Each participant wrote her or his own five ideas on a separate sticker and these were attached to the wall where they could be easily seen. The next process was to group them, remove any direct duplication and identify emerging themes. Eventually 40 themes were listed, and more discussion took place to try and reduce the number. The final list was posted up and all participants were asked to vote for five themes, giving priorities from 1 to 5.

Six themes received substantially more votes than all others. The three that received over 75 votes were: 1) Collaboration, partnership and networking with other health professions, international groups and women's organisations; 2) Ensuring inclusion of midwives in policy-making groups; and 3) Promotion of the midwifery philosophy of care. Another three received more than 45 votes and these included: 4) Improving the status of the profession; 5) Evidence-based practice; and 6) Recruitment and retention of midwives in the workforce.

Petra ten Hoope Bender presenting 'Sharing information: the Inter-Agency Group on Safe Motherhood (IAG) and the Skilled Care at Birth focus'

Sharing information: the Inter-Agency Group on Safe Motherhood (IAG) and the Skilled Care at Birth focus
Facilitator: Petra ten Hoope Bender

The IAG has been in existence since the 1987 Nairobi Conference on Safe Motherhood and consists of UNICEF, UNFPA, WHO, the World Bank, IPPF and the Population Council, with ICM, FIGO, Regional Prevention of Maternal Mortality Network/Africa, and the Safe Motherhood Network of Nepal as new members to the group. 'Skilled Care at Birth' (originally skilled attendance at delivery) was chosen as a focus by the IAG because it was identified as 'the single most critical intervention' in preventing maternal mortality. The concept of skilled care and how these skills are categorised as either minimal skills or additional skills was explained. The skills are based on ICM's Provisional Essential Competences as well as on WHO documents.

'Saving lives: skilled care at birth' was a conference sponsored by IAG in Tunis, Tunisia, in November 2000. The emphasis of the conference was on exploring the work that had been done in countries where maternal mortality rates (MMR) have been substantially reduced, for example, Sri Lanka and Malaysia. Then, with these strategies in mind, there was a focus on seven other countries where the MMR is still high. These countries included Bangladesh, Burkina Faso, Mozambique, Nepal, Nigeria, Senegal and Uganda. Teams from these countries were present and made a commitment not only to designing Safe Motherhood action plans for their own countries but also to implementing them.

The draft background paper, 'Skilled attendance at delivery: a review of the evidence' was made available to all participants. The paper reviews the historical and epidemiological evidence; health care systems and the enabling environment; competencies; monitoring and evaluation; and costs of skilled attendance.

The role of ICM and midwives in Safe Motherhood
Facilitator: Della Sherratt

Four separate groups worked on identifying important aspects of the role of ICM and midwives in Safe Motherhood. The groups agreed that there was a need for ICM to facilitate networking, partnerships and collaboration globally and nationally, including optimal use of technology where appropriate. In parallel with this should be a communication and marketing strategy to project the professional image and vision of midwifery. The ICM on behalf of midwives should aim to have input into global messages around maternal and neonatal health. To balance this essentially external work, the Confederation should also concentrate on strengthening national midwifery organisations within its own membership, including their capacity to advocate for Safe Motherhood, which includes the development of leadership skills such as negotiation, communication and presentation would be a part of this.

Both the ICM internationally and its members at the country level can work to achieve greater inclusion of midwifery in policy-making and planning, with the assistance of the government and the work NGOs. It is essential to keep Safe Motherhood and midwifery on the agenda of donors and international agencies.

Again at every level, it was felt that there would be a benefit from improving and promoting midwives' relationships with women's groups and consumer movements, as well as forming alliances with other professional groups who share an interest in Safe Motherhood.

Finally, two particular points were made: opportunities for 'south-south' collaboration, i.e. partnership initiatives between developing countries or regions, are difficult to create and ICM could play a key role in assistance here. In addition, a recurring theme must be the recognition and honouring of differences in culture and approach to the provision of maternity services for women and newborns.

Midwifery of the Future: External and Internal Perspectives (panel discussion)
Chair: Ruth Ashton
Panel: Luc de Bernis, Pius Okong and Marsden Wagner, Mallavarpu Prakasamma, Margaret Peters and Kathlyn Ababio

The midwife functions as a member of a team, a team whose goal it is to ensure the health and safety of women and infants during the childbearing experience. It was deemed important to solicit the viewpoints of other members of the 'team' on midwifery and its future. Two obstetricians (from Belgium and Uganda) and a paediatrician (from the USA) joined the meeting to provide such external perspectives. Midwifery leaders present at the meeting provided internal perspectives.

External Perspectives

Luc de Bernis:
Endorsed the success of the Tunis conference and particularly the work in language groups and the work that IAG had carried out in setting this up. He warned against too much talking and urged moving forward to implementation. Additionally, he stressed the importance of midwives to provide care for the newborn where there are no paediatricians. Access to care is an ethical issue that has not been fully addressed. The future of midwifery care will include recognising the impact of midwifery work on midwives' lives. There should be a system-wide approach to making pregnancy safer.

Pius Okong:
Suggested an examination of the midwifery profession in the following technical areas: quality of care to women and babies should be a continuum of care from pre-conception to old age; more attention to the postpartum period as the critical time; and responding to urgent reproductive health epidemics, e.g. HIV/AIDS. Additionally, he stated that the overwhelming reality is that most cases of maternal mortality occur in developing countries and asked how ICM intends to address this reality. Dr. Okong then identified some critical elements for supporting and strengthening partner associations or members of ICM so as to promote an enabling environment for skilled attendance at birth. He suggests a need to re-examine the following: justification for midwifery; credibility and acceptance of the midwifery profession; regulation, training, and certification of midwives and Continuing Medical Education (CME) credits for physicians. Under justification, midwifery in the future should work hard to facilitate emergency obstetric skills for midwives or strengthen it where it has already been approved, including lobbying for the necessary policy and legal delegation of EOC skills. Midwifery practice should become increasingly culturally sensitive and harmonious. Evidence based practices and credibility in the community are a 'must' for quality care and acceptability of 'skilled care providers.' Under training, Dr. Okong pointed out that when the classroom tutor doesn't have

adequate clinical skills, and the clinical midwife doesn't have tutoring experience, the students suffer. This problem must be addressed. Additionally, he stated that midwives must bring community members into their network to learn and listen to them for improving care.

Marsden Wagner:
Noted that there are a number of implicit assumptions about skilled attendance in 'modern' maternity care programmes that are scientifically unfounded: Doctors are best (safest) for birth attendance; hospitals are best (safest) place for birth; 'development' inevitably means improved health; technology is always progress; and we can improve on nature. Observational and scientific evidence dispute these assumptions. Observational evidence shows that 1) in countries with the lowest maternal mortality and perinatal mortality rates, midwives attend most births with no doctors in the room, and 2) midwives are autonomous health professionals, working with doctors as equals and in countries with the lowest rates of obstetric interventions – caesarean section is a good indicator. Scientific evidence shows that 1) midwives are the safest birth attendants for most births, and 2) increasing obstetric intervention rates lead to increasing maternal morbidity and mortality.

Strategies to address these issues include 1) humanisation replaces medicalisation; 2) autonomy for midwives and equality with doctors; 3) unity of all kinds of midwives and all kinds of nurses; 4) use an evidence based approach; 5) transparency and accountability; 6) build coalitions; and 7) be assertive and believe that it is possible. Remember what Margaret Mead said, 'Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.'

Internal Perspectives

Mallavarpu Prakasamma:
Spoke to midwives' identity, empowerment, and credibility. She suggested that midwives may be spending too much time on definitions of midwifery and identity and should recognise the universal midwifery approach – particularly the relationship with the women – alongside the skills and competencies. She also noted that women have lacked empowerment in India through history and tradition. Because of this, TBAs lack power and Dr. Prakasamma often feels disempowered herself - so how can she empower women? She pointed to moments of inspiration that bring feelings of empowerment such as the symposium organised by the White Ribbon Alliance in India. On credibility, it was pointed out that ways to gain credibility include academic routes and roles in community development. Dr. Prakasamma cautioned against broadening the role of the midwife to the point where her particular skills and approach may be lost.

Margaret Peters:
Spoke of unity, accountability, transparency, diversity, evidence-based decision making and ICM. Miss Peters pointed out that midwives do have a unity of purpose, though not a unity of strategy. She suggested that there were many roads to Rome and that the route doesn't matter, as long as you get there. Additionally, midwives *must* be willing to stand up and have their practice examined by their employers, peers and the community they serve. The midwives should use evidence-based practice and be sure that the 'evidence' is well understood by all. Diversity is important in education. Miss Peters also emphasised that there is little to be gained if there is a small number of highly qualified midwives and a dangerous shortage of those with the basic skills.


Margaret Peters summarizing the results from her working group.

Kathlyn Ababio:

Spoke of collaboration, lobbying and midwifery training. She points out that partnerships also have dangers; midwives can get so involved with a partnership that they leave the midwifery to the partners! Additionally, midwives should be addressing the wider issues. When lobbying their governments such as education of girls and raising awareness of women about health issues. Miss Ababio points out that, in Ghana, maternal mortality rates began to fall when midwives worked in the community and rose again when midwives moved from the community to the hospital. Midwifery training requires adequate funding. If the funds are not forthcoming, the argument should be: 'If you think knowledge is expensive – try ignorance.' She also reminded the audience, 'A woman is like a teabag, you don't know her strength until you put her in hot water!'

Raising the profile of midwifery

After discussion, the definition of a 'raised profile' was determined to be a 'clearer representation that shows the dimensions and substance of midwifery.' Small groups were asked to work on the following questions: how to raise the profile, who should do this work, which are the target groups that need to see the raised profile, and how will we know when the profile has been raised. Target groups were identified as policy-makers, politicians, legislators, educators, the media, and the general public, including consumers – women and families – and midwives themselves. Members of these target groups suggested formative research to identify the current perception of midwifery.

Strategies to raise the profile of midwifery included increased participation in policy dialogue and presence of a midwife on policy-making bodies; development of a communication/marketing strategy; press briefings for journalists; publication of midwifery news and information in journals; appearances on radio and TV – highlighting successful projects, and demonstrating the abilities of the midwife. Training midwives for leadership roles was suggested to 'raise the profile'; as well as identification of 'champions of midwifery;' and promotion of awards and fellowships for midwives. Additional strategies were: increased advocacy for women (with media follow-up); identification with local culture; and ensuring high quality midwifery care with documentation and publication of the high quality care. Lastly, increased alliances with other health professionals; increased visibility of ICM at country, government and other levels; and promotion of institutional development for national midwifery associations were noted as ways to raise the profile of midwifery.

Policy-making and advocacy tools: how midwives can use them to raise the profile of midwifery

Presentation 1 – Cambodian Midwives Survey
Presenter: Nicole Judice, The POLICY Project (Futures Group International)

In 2000, the POLICY Project staff worked with the Cambodian Midwives Association (CMA) to conduct a survey, with the objectives to position the CMA to more effectively participate in policy dialogue on SM issues; develop CMA's advocacy and policy presentation skills; identify the needs of midwives; and identify new members. The survey included nine questions relating to training, workplace and location of service provision, type of services, home deliveries and distance travelled to reach women's homes. It was also asked if a TBA had recently called the midwife to assist with a complicated delivery.

The response was excellent – in excess of 90% - mainly because the networks of the Cambodian Midwives Association (CMA) were used and this engendered trust in the respondents. The good response strengthened the validity of the survey results and the CMA was therefore able to use the information to support their proposals in negotiation with government policy-makers on Safe Motherhood issues. The CMA was able to identify areas to target resources, the specific needs for training and the benefits of strengthening midwife-TBA partnerships.

Members of the Association also learned about using these advocacy tools, in order to apply similar techniques in the future and make effective use of the information gained.

Presentation 2: REDUCE – an advocacy and policy-making tool for Safe Motherhood
Presenter: Carolyn Blair, the SARA Project (Academy of Educational Development, Inc.) and Twaha Mutyaba, Ugandan Ministry of Health

REDUCE is an advocacy process to stimulate policy dialogue and strategic planning on maternal health and safe motherhood. Even though more than 515,000 women die each year from complications of pregnancy or childbirth, women's health does not figure prominently in national health plans. The goal of REDUCE is to mobilise decision-makers to take appropriate actions to reduce maternal mortality and morbidity. REDUCE brings together local champions of women's health issues and energises them around a coherent set of goals.

The REDUCE process uses interactive computer models with international and country-specific data to estimate the impact of poor maternal health and care on: maternal and infant deaths; short- and long-term illnesses and disabilities; and productivity. REDUCE's models examine health and obstetric factors contributing to maternal mortality, morbidity, and disabilities.

Using the best available empirical data, REDUCE projects the survival, health, and economic impact of maintaining the status quo versus implementing known interventions that result in reductions in mortality and morbidity. The data provide sound arguments for giving higher priority to maternal health in policy formulation, strategy development, and resource allocation. This information is used to develop clear and compelling country-specific advocacy presentations that highlight the importance of investing in women's health. Dr. Twaha Mutyaba and Ms Blair presented Ugandan data within a presentation developed by Dr. Mutyaba and colleagues in Uganda.

Presentation 3: Research as a tool to support policymaking
Presenter: Jane Sandall, co-chair of the ICM Research Standing Committee

The important relationship between research and policy was outlined, particularly the need to use robust and timely evidence; the need to be aware of all cost implications; and, when talking to policy-makers, the need to use their own language.

Research findings often challenge accepted customs and, indeed, midwives may sometimes not like to hear the evidence. Examples of routines proven to be 'ineffective care' were presented, such as electronic foetal monitoring in labour (without access to foetal blood sampling), encouraging women to lie flat in the 2nd stage of labour, and routine test-weighing of breastfed infants.

The future plans of the ICM Research Standing Committee were summarised and include the creation of a consultation network of researchers, a midwifery web portal and a database of organisational and regional contacts. A number of questions were presented for discussion:

- What is the role of ICM in supporting midwifery research?
- In research leadership?
- In international exchange of research results?
- In training in social marketing/media training?
- And what can we learn from other organisations and our own members?

What are policy-makers looking for and what influences them?
Presenters: Naeema Al-Gasseer, WHO and Anna Maslin, International Officer at the UK Ministry of Health

Naeema Al-Gasseer, WHO
The answer to the first question is that policy-makers want:

- An immediate solution to a problem
- No cost implications
- Success in the short term

The *cycle of evidence and policy* was demonstrated – information is fed into an evidence-base, from which health policy is developed, and then programmes are designed. This informs the research agenda which in turn provides information for the evidence-base.

Communication of information offers power and control. It is essential therefore to have access to the information; understanding of the information and how to make effective use of it; and good presentation mechanisms. If the communication is ineffective then the decision-maker is inadequately informed, potentially disempowered, and may make wrong decisions.

Those in the circle closest to decision-makers will have the most influence. Influences on decisions may be economic, political, historical, social or personal-intuitive – midwives wishing to achieve their ends need to be aware of all such potential routes.

From left to right: Ruth Ashton, Elena Kehoe, Petra ten Hoope Bender, Dr. Arulkumaran, Judith Brown, Prof. Anna Maslin, and Lynne Damon (standing).

In summary, three 'leverage points' were identified – technology, touch and talent. Technology helps to manage risk, to collaborate and to communicate better; 'touch' is keeping in touch with people and being where the action is; and talents are the human talents of the policy-makers or midwives who 'make it happen.'

Anna Maslin, International Officer at the UK Ministry of Health
Effective leadership influences policy or 'What policy-makers are looking for and what influences them.' At a meeting of leaders of international nursing and midwifery organisations held in December 2000, there was agreement that 'the goal of nursing and midwifery is global health, based on co-operative nursing and midwifery leadership and partnership, evidence and ethics…' and that, nurses and midwives should engage in 'essential and effective policy development and implementation.' Additionally, recommendations on nursing and midwifery that are currently applicable to all Members of the Commonwealth, after adoption by the Health Ministers in 1998, include 'ensuring that arrangements exist for …identifying and developing future nurse leaders. Leadership programmes for nurses and midwives should be made available.'

There are steps to take to develop leadership skills such as the 'four Es': envision, enable, energise, and empower. Leadership needs to function in today's complex world where individual leadership is insufficient. It must function at every level of an organisation and have influence on wider agendas. Leadership is about making an IMPACT (Information, Method, Presentation, Association, Co-operation, Training).

It was pointed out that whether you are seeking to have influence at local, national or international levels: be well-informed; collect relevant data; know the relevant existing agreements (e.g. World Health Assembly (WHA) resolutions); think about who, when and how; don't work in isolation and co-operate with those you seek to influence. Leadership training is important. In summary, 'a well presented and supported case (facts/figures/examples) that demonstrates gains for their own agendas/responsibilities and which poses minimum risk (e.g. poor return of resources, loss of face) is more likely to succeed.'

The White Ribbon Alliance
Presenter: Deborah Armbruster

The White Ribbon Alliance (WRA) is a coalition of organisations with the overall aim to increase public awareness of the need to make pregnancy and childbirth safe for all women. The goals of the Alliance are to raise awareness, build alliances, and act as a catalyst for action. The white ribbon – white being in many cultures a symbol of both grief and hope – is worn as a reminder of those women who have died.

The WRA represents an opportunity for new partnerships that can advance women's health and women's rights everywhere. The particular approach of the WRA – as opposed to many international NGOs – is to be a grassroots movement: anyone and everyone can make, distribute and wear the white ribbon. Organisations have come together within countries, competitions have been organised and awards given not only for projects that work to reduce maternal mortality, but also for those that involve local people and local products in manufacturing the ribbons.

WRA India has been a particular success. Launched in November 1999, it has convened meetings attended by over 70 individuals representing 37 agencies and has organised a large conference in Delhi. A parade, thousands strong, marched to the Taj Mahal, in support of safe motherhood.

V. PRIORITY ISSUES

The six priority issues identified by the group, using the nominal group process, were:

1. Creation and furtherance of partnerships, collaboration, and networking between midwifery and other health professions, international groups and women's organizations
2. Inclusion of midwives in policy-making groups on all levels
3. Promotion of the midwifery philosophy of care
4. Advancing the status of the midwifery profession
5. Expansion of the availability of evidence-based practice information for midwives
6. Development of human resources in midwifery: enhancing the quality, quantity and deployment of midwives in the workforce

After deciding upon the six priority issues, a set of guiding principles and possible strategies were agreed upon to address each topic. The guiding principles generally describe the appropriate theoretical foundation or the most effective way that midwives can apply to address each issue. Below you will find only the highlights of the six issues and the basic principles as they were discussed at the 'Meeting of the Minds.'

Priority Issue 1:
Partnerships/Collaboration/Networking

Maria Spernbauer and Lennie Kamwendo enjoying group deliberations.
(Lennie Kamwendo is the 1999 winner of the ICM Marie Goubran Award.)

Overall principles:

1. Select groups/partners who share common purpose.
   a. Women
   b. Communities
   c. Politicians
   d. Health Workers
   e. Donors
   f. International Groups (e.g., Nongovernmental organisations)
2. Get more international midwives involved.
   a. Increase ICM membership
   b. Increase member support
   c. Spread representation to more areas of world – raise profile
3. Promote collaboration, recognise areas of unity, respect diversity, and avoid intra- and inter-professional conflicts.

Priority Issue 2: Inclusion in policymaking

Overall principles: (local, national, regional + global levels)

1. Midwives will participate and lead national and global health policy agendas.
   a. Skills needed include: leadership development, lobbying strategies, politics and policy formation
   b. Empower with knowledge and awareness of key health issues
   c. Advocacy skills

2. Keep balance of focus on health promotion and human rights, for midwife and midwifery care.
   a. HIV/AIDS prevention, treatment and awareness of rights and gender influences
   b. Safe Motherhood is a human right involving universal skilled care within gender and human rights frameworks (Specific attention should focus on the status of women, midwives, safety, etc.)
   c. Child health strategies – start with the health of the girl child

3. "Midwives/midwifery care is the best value for money" will be the message to policy-makers.
   a. Need media support and/or media campaign
   b. Need a regulatory framework that supports full role/responsibilities of midwives for effective, quality midwifery care
   c. Need to place the midwifery message as a health priority for all agendas at country, regional and global levels

Priority Issue 3: Promote philosophy of midwifery care

Overall principles:

1. Philosophy of midwifery care is based on ethical concepts of respect, self-determination, informed choices and intervention are needed to promote health and alleviate harm and disease.
   a. Clearly define philosophy – holistic view
   b. Empower midwives through self-esteem development to model the philosophy

2. Right of women to choose midwifery care everywhere.
   a. Increase numbers of midwives
   b. Make midwifery services accessible
   c. Make work environment safe and satisfactory
   d. Develop community trust and support for midwifery care

3. Midwives make a difference in the health of women and children.
   a. Need competency-based education
   b. Need standards of practice-quality
   c. Better outcomes for women are based on competent, evidenced-based practices
   d. Midwives raise the status of women
   e. Midwives' success is based on critical thinking and strategic action

4. Women's health services are defined and designed by women in collaboration with health professionals.

Priority Issue 4: Improve status of midwifery profession

Overall principles:

1. Recognise the value of unique contributions of midwifery care, and midwives, that improve the health of women.
   a. Relevance to healthy women and families
   b. Evidence of results; outcomes of care

2. Clearly defined midwifery profile that promotes the understanding and support of the public and policy-maker.
   a. Advocacy strategies
   b. Media strategies
   c. Visibility strategies
   d. Promotion of midwifery model of care and competencies

3. Professional equity, respect and recognition of the midwife and midwifery lead to more effective women's health care.
   a. Build leadership capacity
   b. Support autonomy and profession within concept of interdependent practice
   c. Encourage a supportive work environment

Priority Issue 5: Evidence-based practice

Overall principles:

1. Evidence-based practice increases the positive impact of midwifery care on the health of women.
   a. Set research priorities (e.g. Elements of Midwifery philosophy of 'masterly inactivity')
   b. Support the development and capacity-building of midwives to design and implement research

2. Evidence-based practice is based on and informs midwifery education and standards of practice within a supportive regulatory framework.
   a. Education, basic and ongoing, must be competency based and accessible to midwives
   b. High standards of care are based on solid evidence that is vital to quality midwifery care
   c. The education of girls and women is vital to improving their health and status

3. Skilled midwifery care, that is universally available, is a major factor in the reduction of maternal and infant mortality and morbidity.

Priority Issue 6: Human Resource Development

Overall principles:

1. An Adequate, useable database on the quantity, quality and deployment of midwives will lead to appropriate strategies to strengthen midwives' impact on health of women and families.
   a. ICM will design a 'minimum data set' for use in improving quantity and quality of available human resource midwifery data
   b. Disseminate and evaluate database, update as soon as possible
   c. Work directly with ICN, WHO, governments, and others

Lynne Damon and Joyce Thompson at the 'Meeting of the Minds.'

2. Midwifery is predominantly a female profession working primarily with women, requiring attention to gender influences in human resources.
   a. Awareness of roles midwives as women carry out
   b. Specific attention to safety in work environment e.g., HIV/AIDS
   c. Design and implement women friendly employment conditions
   d. Design and implement family friendly employment policies
   e. Work with International Labour Organisation (ILO) directly

VI. LIST OF ACTION PLAN COMMITMENTS

Following the identification and discussion of the issues as presented above, small groups drafted and developed 'Plans of Action' for each issue. The strategic objectives were reviewed with a view toward implementation and commitment to action. The participants made specific commitments to the activities that were required to achieve the strategic objectives. These are listed below.

Strategic Objective 1: Increase Partnership/Collaboration/Networking

Activity and Commitment

A. Engage and work with ILO to review the global data collection for midwifery and to refine definition of persons providing midwifery care

B. Engage and work with Professional Services International (PSI) who have experience of working with women's associations/professions

C. Seek ICM representation on World Alliance of Breastfeeding Action

D. Establish ICM link with La Leche League

E. ICM will collaborate with FIGO, ICN, WHO and others on Violence Against Women

F. Continue and strengthen ICM and FIGO collaboration

G. Encourage and strengthen in-country partnerships between national midwifery associations, and obstetricians and obstetrical societies

H. Contact countries not represented at the meeting to share information and strongly encourage membership in ICM

Strategic Objective 2: Inclusion of midwives in policy-making groups

A. Identify appropriate leadership development programmes
   1. Capacity building for leaders and associations
      a. POLICY Project (PP) has a leadership programme and will share the information
      b. The MNH Program may be able to identify funding for leadership programme
      c. CEDPA has links with both PP and the MNH Program
      d. WHO has materials and tools that may be useful. The Global Advisory Group for Nursing and Midwifery (GAG) is also taking this forward on a strategic level
      e. Commonwealth Steering Committee for Nursing and Midwifery also has material

   2. Identify midwives to mentor new midwifery leaders, potential leaders and or associations**.** The following midwives volunteered from this meeting:
      a. Dr. Prakasamma
      b. Margaret Peters
      c. Sr. Anne Thompson
      d. Maggie Usher – willing to ensure this issue is brought to her colleagues attention in the RHR department at WHO
      e. Dr. Enaam Youssef – will assist regionally
      f. Gloria Seguranyes to work regionally
      g. Ulle Lember - will explore possibility of mentoring, especially within Eastern Europe and Central Asia region

   3. ICM to continue to strengthen national midwifery associations
      a. ACNM has developed some tools to assist in this effort

B. Identify and obtain leadership materials
   1. ICN
   2. Commonwealth Steering Committee for Nursing and Midwifery

C. Encourage and facilitate university links
   1. JHPIEGO - Hopkins Fellowship Candidates – Masters in Public Health (M.P.H.)
   2. University of Pennsylvania

D. ICM to initiate action to consider the issue of regulatory equivalency

E. Identify appropriate advocacy training material to assist midwifery leaders and associations in developing their advocacy skills
   1. SARA project has developed an advocacy training pack
   2. POLICY Project has an Advocacy Manual

Strategic Objective 3: Promotion of the philosophy of midwifery care

A. Explore ways to collaborate with the media to get messages about midwives' contributions to midwifery to policy-makers and stakeholders
   1. The MNH Program – Indonesia has successfully used this strategy
   2. Disseminate the experience of working effectively with national radio in Botswana
   3. Advocacy in media - for Africa
   4. Raising the profile of midwifery within the media profession, journalism, etc.
   5. Publicising the 'Meeting of the Minds' was one way to start. The following have agreed to publicize the report of the meeting.
      a. For Francophone readers in Africa, Europe, Middle East etc: to get a short article together for publication in *Les Dossiers de L'Obstétrique* and in *Profession Sage Femme*
      b. For Romania, Ukraine, Russia: POLICY Project have networks for getting information out to these countries on midwifery
      c. JHPIEGO can provide language/translation/RH network in Russia and Ukraine
      d. Numerous individuals to publicise within their countries

      All have agreed to send copies to ICM headquarters of what they have completed.

B. Advocate for high-quality standards for midwifery care
   1. Field-testing of ICM Provisional Essential Competencies for Basic Midwifery Practice to commence this current year, with training of field-testing team leaders at Harare meeting
   2. WHO/SEARO standards for basic midwifery practice are already available

Strategic Objective 4: Initiate activities, including advocacy, to improve status of the midwifery profession, nationally and internationally

A. Identify people willing to work with ICM on the regulatory status of midwives and midwifery

B. Identify areas where midwives can be more proactive in improving, and advocating for, improved standards of the midwifery profession

Dr. Duangvadee Sungkhobol summarizing the results from her working group.

Strategic Objective 5: Strengthen and disseminate work on evidence-based midwifery care nationally and internationally

A. Host an International Educators Conference in Spain, Paraguay, Mexico, Brazil, Canada, and Lebanon (All representatives of these countries were interested in assisting and participating.)

B. Set research priorities
   1. ICM Research Standing Committee (Jane Sandall and Kathy Herschderfer are the co-chairs and can be a resource)
   2. Explore feasibility of more midwifery research, setting a research agenda, funding some research and disseminating results

C. Francophone Research Network
   1. Is currently active in developing a research plan on evidence-based practice for midwives, looking at diploma requirements
   2. Will develop tools for teaching research methodologies with schools of midwifery for in-service midwives as a first step
   3. Canada has already developed a 3-level framework for midwifery education

Strategic Objective 6: Need to improve the human resource situation and requirements for midwifery provision – global perspective

A. ICM will a develop strategy to recognise the special features of midwifery practitioners and disseminate to others
   1. Develop a global survey of providers of midwifery care - database for collecting information on midwives and midwifery care
   2. ICM will collaborate with and obtain information from WHO; by using a document similar to the Nursing Work Force Survey

B. Advocacy for midwifery-friendly and secure working conditions for midwives
   1. ICM to develop a Position Statement clarifying the need for a safe work environment (action on violence in the workplace) and on midwifery-friendly working environments
   2. Advocacy for recognition of gender issues in the workplace
   3. Advocacy for gender-sensitive working environment

   The above will be key issues to be addressed by all; ICM will disseminate position statements on these issues as they develop.

C. Support the WHA Nursing and Midwifery Resolution no. 54.12 regarding the shortage of nurses and midwives. WHO is already developing a framework and plan of action.

D. Explore possibilities of collaboration and lessons learned from WHO/RHR – their commitment to Reproductive Health, Safe Motherhood, Violence Against Women and the need for midwives to be included as full partners in all aforementioned debates and activities (Maggie Usher will take this back to WHO/RHR Geneva)

   ICM will coordinate and work on the above.

VII. EVALUATION

Overall, the results of the final evaluation showed that participants believed the objectives of the meeting had been met, the participatory nature of the meeting was advantageous, much was learned and shared, and networking was particularly valuable. The main concerns were insufficient time in the small groups, as well as language difficulties for some participants. Many noted the importance of follow-up to this activity.

VIII. CONCLUSION

The 'Meeting of the Minds' arose from the recognition that midwives need to be more involved in leadership and policy-making, in order to have a greater impact on their ultimate goal: the improved health of women and families. With this in mind, the workshop determined six priority issues in the field of midwifery which, when addressed, should strengthen the profession of midwifery as well as its ability to impact policy-making. The Meeting identified strategies to address these priority issues, identified ways to raise the profile of midwives, and ultimately addressed the importance in strengthening midwives and the profession.

Group photo of the participants at the 'Meeting of the Minds' Workshop.

APPENDIX A

International Technical Consultation of Midwifery Leaders
'Meeting of the Minds' ***Agenda***

Sunday, 4 February

13.00 *Registration*

16.00 *Reception, Dinner and Opening Session*

18.00 *Welcome*
Maria Spernbauer
Marian van Huis
Petra ten Hoope Bender

Review Agenda for Technical Consultation
Review Goal and Objectives and Expectations
Deborah Armbruster

19.00 *Keynote address: 'Midwives—What do we have to offer?' ('Stars')*
Sr. Anne Thompson

19.30 *Building blocks: Identify the strengths and assets midwifery brings to the cause of improved maternal and infant health and reduced deaths?*
- Each participant identifies strengths and assets

Facilitator: Deborah Armbruster

20.00 *Brainstorming session: How can midwives and ICM use the 'building blocks' and 'stars' to strengthen the leadership and advocacy role of midwives*
- What lessons can be learned from nurses/ICN and obstetricians and gynaecologists/FIGO and how can these lessons be used to create stronger partners for safe motherhood

Facilitators: Judi Brown/Petra ten Hoope Bender

20.20 *Nominal Group Technique: Group of midwifery leaders identify 5 priority issues for midwifery globally*
Facilitator: Joyce Thompson

21.20 *End of Day Announcements*
Maria Spernbauer

Monday, 5 February
Day 1

9.00 *Morning Announcements*
Maria Spernbauer

Review of previous evening and the day's agenda
Deborah Armbruster

9.15 *Sharing Information: the Inter-Agency Group on Safe Motherhood (IAG) and their 'Skilled Care at Birth' focus and activities:* Petra ten Hoope Bender
(Possible additional comments: Joyce Thompson, Anne Thompson, Luc de Bernis and Prof. Arulkumara)
Moderator: Della Sherratt

9:45 *Small group work on the potential role of ICM and midwives in the Safe Motherhood Initiative, including but not limited to the 'Skilled Care at Birth' focus and activities (4 groups)*
Facilitator: Della Sherratt

10.05 *Presentation by small groups in plenary*
- 5 minutes per group
- Discussion to reach consensus

Moderator: Judi Brown

10.40 Coffee Break

10.55 *Panel discussion: 'Midwifery of the Future – External Perspectives'*
Panel members: Pius Okong, Marsden Wagner, Luc de Bernis.
(10 minutes each)

Responses: 'Midwifery of the Future – Internal Perspectives'
Respondents: Margaret Peters, Kathlyn Ababio, Mallavarpu Prakasamma
(5 minutes each)
Moderator: Ruth Ashton

13.00 Lunch

14.00 *Small group work on the 5 Priority Issues for a midwifery and ICM focus (4 groups)*
- Each group addresses the top priority issue and;
- Each group addresses one of the remaining top 5 priority issues
- Make suggestions (create draft action plan) as to how ICM and national midwifery groups can address issues

Facilitator: Elena Kehoe

Tea Break

15.00 *Group presentations in plenary*
- 15 minutes in each group

Facilitator: Joyce Thompson

16.00 *Discussion to reach consensus*
Facilitator: Joyce Thompson

17:00 *Evaluation of the day*
Deborah Armbruster

End of Day Announcements
Maria Spernbauer

Tuesday, 6 February
Day 2

8.20 *Morning Announcements*
Maria Spernbauer

8.25 *Review of Day 1*
Lynne Damon

8.30 *Brainstorming session: What is a 'raised profile?'*
Facilitator: Ruth Ashton

8.45 *Small group work*
- Who are the target groups for raising the profile?
- Why should we raise the profile?
- Which activities should be undertaken and by whom (ICM, member associations, others)?
- How will we know we have achieved a raised profile?

Facilitator: Ruth Ashton

9.30 *Group presentations in plenary*
Moderator: Ruth Ashton

10.30 P*olicy-making and advocacy tools and how midwives can use them*
- REDUCE: an advocacy and policy-making tool for Safe Motherhood (SARA project, Caroline Blair)
- Cambodian Midwives' Survey (POLICY Project, Nicole Judice)
- White Ribbon Alliance (Deborah Armbruster)
- Research (Jane Sandall and Kathy Herschderfer)

Moderator: Deborah Armbruster

Coffee break

12:00 Lunch and Tour of City:
Sponored by The Hague City Council

14.00 *What are policy-makers looking for and what influences them*?
Naeema Al Gasseer (World Health Organisation)
Anna Maslin (Ministry of Health, UK, International Officer)
Moderator: Maria Spernbauer

14.45 Tea Break

15.00 *On moving this agenda forward*
Identifying activities and priorities as well as commitment
Moderator: Joyce Thompson

17.00 *Evaluation*
Deborah Armbruster

17.15 *Closure*
Petra ten Hoope Bender
Maria Spernbauer

APPENDIX B
Participant List

Kathlyn Ababio
Ghana Registered Midwives Association
Ghana

Enaam Abou-Youssef
Egypt

Fadwa Affara
International Council of Nurses
Switzerland

Naeema Al-Gasseer
World Health Organization
Switzerland

Deborah Armbruster
USA

S. Arulkumaran
United Kingdom

Ruth Ashton
United Kingdom

Caroline Blair
Academy for Educational/ SARA Project
USA

Judi Brown
South Australia

Laura Cao-Romero
Mexico

Maria Lucia Costa Nascimento
Brazil

Debrah Cumberbatch-Lewis
Trinidad, West Indies

Lynne Damon
Maternal and Neonatal Health Program
USA

Luc de Bernis
World Health Organization
Switzerland

Nayla Doughane
Universite Saint-Joseph
Lebanon

Elizabeth Duff
United Kingdom

Atf Gherissi
Tunisia

Patricia Gomez
Philippines

Karen Guilliland
New Zealand

Nicole Judice
The Futures Group International/ POLICY Project
USA

Lennie A. Kamwendo
Kamuzu College of Nursing
Malawi

Elena Kehoe
JHPIEGO Corporation
USA

Fatiha Khlifi
France

Junko Kondo
Japan

Ulle Lember
Estonia

Bridget Lynch
Canada

Mabel Magowe
Institute of Health Sciences
Botswana

Peg Marshall
USA

Anna Maslin
Department of Health
United Kingdom

Nester T. Moyo
Zimbabwe

Twaha Mutyaba
Mulago Hospital
Uganda

Pius Okong
St. Francis Hospital Nsambya
Uganda

Miriam Ortiz de Yegros
Paraguay

Margaret Peters
Australia

Mallavarapu Prakasamma
India

Jane Sandall
Kings College
United Kingdom

Gloria Seguranyes
Spain

Della Sherratt
United Kingdom

Maria Spernbauer
Austria

Mary Ellen Stanton
United States Agency for International Development
USA

Duangvadee Sungkhobol
World Health Organization
India

Petra ten Hoope-Bender
International Confederation of Midwives
The Netherlands

Anne Thompson
United Kingdom

Joyce Thompson
USA

Maggie Usher-Patel
Switzerland

Marian van Huis
The Netherlands

Marsden Wagner
USA

Mao Xiuying
PUMC Hospital
China

APPENDIX C
Workshop Documents

The following documents are available by request through the International Confederation of Midwives (ICM):

- Papers and Presentations by:
  - A. Thompson
  - P. Okong
  - M. Wagner
  - N. Judice
  - T. Mutyaba and C. Blair
  - J. Sandall (K. Hershderfer)
  - D. Armbruster
  - N. Al-Gasseer
  - A. Maslin

- The Evaluation Summary

- The World Health Assembly, Resolution no. 54.12, Strengthening Nursing and Midwifery

- Detailed minutes of the 'Meeting of the Minds'